

MDR Tracking Number: M5-03-0033-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that prescription medications (including, Paxil Zanax (Doxepin and/or Alpragolam)) were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that prescription medications (including, Paxil Zanax (Doxepin and/or Alpragolam)) fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 9/24/01 to 2/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

December 10, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0033-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in neurology. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior

to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 53 year-old man who sustained a work related injury when he fell off his trailer on ___ causing multiple bruises. On examination the patient was noted to not have hit his head during the fall, but was dizzy and complaining of a stiff neck. The impression was multiple contusions. An X-Ray of the cervical spine and right clavicle was performed. The patient has also had repeated MRI's of the brain, EEG's, and an EMG with diagnosis of carpal tunnel. The patient is also diagnosed with Major Depressive Disorder. He has been treated with various medications including Paxil and Xanax.

Requested Services

Prescription Medications rendered from 9/24/01 through 2/6/02.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

___ physician reviewer noted that this patient sustained a work related injury on ___ when he fell off his trailer. ___ physician reviewer explained that the patient did not sustain a closed head injury from the fall on ___ and that the impression was noted to be multiple contusions. ___ physician reviewer also explained the patient was examined on 10/8/96 and had no complaints and on 10/17/96 it was found that the patient had 0% impairment and could return to work. ___ physician reviewer further explained that the original records of 10/3/96 through 11/96 do not support the occurrence of a significant work related closed head injury. ___ physician consultant concluded that requested medications have no relationship to fall on ___ resulting in contusions. Therefore, ___ physician consultant further concluded that requested medications are not medically necessary to treat this patient's condition.

Sincerely,